

AMBER ALERT FORM

State of Utah

Forward to Salt Lake Communications Center: E-Mail: amberalert@utah.gov or
Fax: (801) 887-3810, and
Phone: (801) 887-3800

AGENCY INFORMATION

Agency

ORI #

Officer's Name

Internal Contact # / Public Contact #

Supervisor's Approval

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Is this believed to be a child abduction?
<input type="checkbox"/>	<input type="checkbox"/>	Is this child 17 years of age or younger or an individual with proven mental or physical disability?
<input type="checkbox"/>	<input type="checkbox"/>	Is the victim believed to be facing imminent danger, serious bodily injury or death?
<input type="checkbox"/>	<input type="checkbox"/>	Is there information to send to the public which could assist in the safe recovery of the victim or apprehension of a suspect?

NOTE: Do Not Send Amber Alert if the answer is NO to any of these questions.

PLEASE INCLUDE ALL APPLICABLE DATA

VICTIM DATA #1: Name _____
Age _____ Race _____ Hair Color _____ Hgt _____ Wgt _____
Clothing Description _____
Last Known Location: _____
Time & Date of Event: _____

VICTIM DATA #2: Name _____
Age _____ Race _____ Hair Color _____ Hgt _____ Wgt _____
Clothing Description _____
Last Known Location: _____
Time & Date of Event: _____

SUSPECT DATA #1: Name _____
Age _____ Race _____ Hair Color _____ Hgt _____ Wgt _____
Clothing Description _____
Other Distinguishing Features _____

SUSPECT DATA #2: Name _____
Age _____ Race _____ Hair Color _____ Hgt _____ Wgt _____
Clothing Description _____
Other Distinguishing Features _____

VEHICLE DATA: MAKE _____ MODEL _____ STYLE _____
COLOR _____ YEAR _____
LICENSE PLATE _____ STATE _____
Any Distinguishing Features _____

ATTACH ADDITIONAL INFORMATION AS NECESSARY